General Information

Supplemental rebate offers are accepted:

- 1. when a class of drugs is initially reviewed by the Preferred Drug List (PDL) Committee for class equivalency
- 2. when a new drug becomes available for an already established PDL class, or
- 3. annually during the supplemental rebate review period for an existing PDL class.

New PDL Class or New Drug

New drugs or new PDL classes are reviewed by the PDL Committee. If deemed equivalent and approved for the PDL, supplemental rebate offers for these products must be submitted to the Kansas Department of Health and Environment (KDHE) -Division of Health Care Finance (DHCF) by the close of business on the fifteenth working day after the PDL Committee meeting date. KDHE-DHCF will not accept offers after the fifteenth working day deadline.

Existing PDL Class

Supplemental rebates are reviewed every year for existing PDL drug classes. This is a KDHE-DHCF administrative procedure and the PDL class is not reviewed by the PDL Committee at this time*. See the schedule below. Interested vendors should submit new or amended agreements by the 1st day of the review period (first column).

*Class reviews at the PDL Committee meetings occur only when there is a new agent in the class or when there is new, compelling, peer reviewed data about the class.

Supplemental Bid Schedule

| Review Period Begins | Contract Period | Drug Class | | |
|----------------------------|--------------------|------------------------|--|------|
| January | April - March | Central Nervous System | Non-scheduled Novel Sleep Agents | H8B |
| | | Respiratory | Inhaled Beta 2 Agonists – Long-Acting | J5D |
| | | Respiratory | Inhaled Beta 2 Agonists – Short-Acting | J5D |
| | | Diabetic Agents | DPP-4 Inhibitors | C4J |
| | May – April | | | J7C, |
| February | | Cardiovascular Agents | Beta-Blockers | J7A |
| | | Central Nervous System | Non-benzodiazepine sedative hypnotics | H2E |
| | | | | M4D, |
| | | Antihyperlipidemics | HMG-CoA Reductase Inhibitors (Statins) | M4J |

| Review Period | Contract | | | |
|------------------|------------------------|-----------------------|---|-------------|
| Begins | Period | Drug Class | | |
| 2680 | renou | | Calcium Channel Blockers | |
| | | Cardiovascular Agents | (Dihydropyridines) | A9A |
| | June – | | Calcium Channel Blockers (Non- | |
| March | May | Cardiovascular Agents | Dihydropyridines) | A9A |
| | | Injectables | Erythropoiesis - Stimulating Agents | N1B |
| | July – June | Osteoporosis Agents | Bisphosophonates | P4L |
| April | | Respiratory | Inhaled Corticosteroids | P5A |
| Дріп | | Urological Agents | Antichalinaraics | R1A, R1I |
| | | | Anticholinergics | IVTI |
| | August - July | Injectables | Growth Hormones | P1A |
| | | Analgesics | Drugs for Migraines - Triptans | H3F |
| | | | | D6A, |
| | | | Adult Rheumatoid Arthritis | L1A, |
| | | | Ankylosing Spondylitis | S2J, |
| | | | Crohn's Disease | S2M, |
| May | | | Plaque Psoriasis | S2Q, |
| | | | Psoriatic Arthritis | Z2R, |
| | | | Ulcerative Colitis | Z2U, |
| | | Biologics | | Z2W |
| | | | Angiotensin Receptor Antagonist & | |
| | | Cardiovascular Agents | Calcium Channel Blocker Combos | A4H |
| | | | Insulin – Delivery Systems | C4G |
| | | Diabetic Agents | (Dihydropyridines) Calcium Channel Blockers (Non-Dihydropyridines) Erythropoiesis - Stimulating Agents Bisphosophonates Inhaled Corticosteroids Anticholinergics Growth Hormones Drugs for Migraines - Triptans Adult Rheumatoid Arthritis Ankylosing Spondylitis Crohn's Disease Plaque Psoriasis Psoriatic Arthritis Ulcerative Colitis Angiotensin Receptor Antagonist & Calcium Channel Blocker Combos | C4J |
| | September - August | Diabetic Agents | Biguanides | C4L |
| | | Analgesics | Muscle Relaxants (Skeletal and Spasticity) | Н6Н |
| June | | | 1 . | |
| | | Allergy Agents | Stabilizers | Q6R |
| | | Allergy Agents | Intranasal Antihistamines | Q7E |
| | October - September | District to | This of the area | C4N, |
| | | Diabetic Agents | Iniazolidinediones | C4R |
| July | | Cardiovascular Agents | ARRS | A4F, A4I |
| | | Cardiovasculai Agents | | 741 |
| | | Cardiovascular Agents | | A4K |
| | | | | |
| | | Analgesics | Long-Acting Opioids | H3A |

| Review Period Begins | Contract Period | Drug Class | | Drug Class |
|----------------------------|------------------------|-------------------------|--|---------------------|
| August | November - October | Gastrointestinal Agents | H2 Antagonists | Z2D |
| | | Analgesics | Non-Steroidal Anti-Inflammatory (NSAIDs) – Ophthalmic, Oral and Topical | S2B, S2T, Q5E |
| | | Gastrointestinal Agents | Serotonin 5HT3 Antagonists | Н6Ј |
| | | Gastrointestinal Agents | Pancreatic Enzyme Replacement | D8A |
| | December - November | Anti-Infectives | Antiherpes Virus Agents | W5A |
| September | | Allergy Agents | Non-Sedating Antihistamines | Z2Q |
| | | Nasal Agents | Intranasal Corticosteroids | Q7P |
| October | January - December | Central Nervous System | Adjunct Antiepileptics | H4B |
| | | Ophthalmic Agents | Ophthalmic Prostaglandin Analogs | Q6G |
| | | Antihyperlipidemics | Fibric Acid Derivatives | M4E |
| | February - January | Diabetic Agents | Meglitinides | C4K |
| November | | Diabetic Agents | 2nd Generation Sulfonylureas | C4S |
| | | Diabetic Agents | Alphaglucosidase Inhibitors | C4M |
| December | March - February | Cardiovascular Agents | ACE Inhibitors | A4D |
| | | Gout Agents | Xanthine Oxidase Inhibitors | C7A |
| | | Gastrointestinal Agents | Proton Pump Inhibitors | D4J |

Step 1: Manufacturer obtains the CMS-approved Supplemental Drug Rebate Agreement and Schedule A (supplemental rebate bid form) at:

http://www.kdheks.gov/hcf/pharmacy/pharmacy supplemental rebates.html

Step 2: Manufacturer completes and submits the Supplemental Drug Rebate Agreement and Schedule A.

The manufacturer should complete the contract template/bid form and forward to KDHE-DHCF for review. Bids can be mailed to the following address or submitted electronically to sliby@kdheks.gov. In the subject line of the e-mail, please write "Supplemental Rebate Bid – Manufacturer Name/Drug Name".

KDHE-DHCF Shelly Liby Landon State Office Building 900 SW Jackson Ave, Suite 900 Topeka, KS 66612

All accepted contracts will guarantee that prior authorization will not be required for one year. If a non-preferred drug(s) becomes less costly than the preferred drug(s), that drug(s) may be moved to the preferred list.

Bid Information Required:

- 1. 11-digit NDC number
- 2. Product name, strength and dosage form
- 3. Pricing reference (WAC)
- 4. Ingredient reimbursement per unit as outlined on Schedule A
- 5. CMS rebate per unit as outlined on Schedule A
- 6. Supplemental offer Fixed net cost to state per unit

Contact Information Required:

- 1. Manufacturer name
- 2. Labeler code(s)
- 3. Contact name and title
- 4. Mailing address for contact
- 5. Telephone, fax, cell phone and voice mail numbers
- 6. E-mail address

Step 3: KDHE-DHCF will notify manufacturer of acceptance or rejection after the net costs have been calculated.